


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000072170	
1. Entity Name GCBS, INC.	
	
Principal Place of Business 7648 LOCKWOOD RIDGE RD SARASOTA, FL 34243 US	Mailing Address 7416 OAK RUN LAND SARASOTA, FL 34343 US



04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0494718	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, LOIS J
7648 LOCKWOOD RIDGE RD
SARASOTA, FL 34243

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALTERS, LOIS J
STREET ADDRESS	7648 LOCKWOOD RIDGE RD
CITY- ST- ZIP	SARASOTA, FL
TITLE	D
NAME	WOMELDORPH, HOWARD
STREET ADDRESS	7416 OAK RUN LANE
CITY- ST- ZIP	SARASOTA, FL
TITLE	D
NAME	WOMELDORPH, GEOFF
STREET ADDRESS	7648 LOCKWOOD RIDGE ROAD
CITY- ST- ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/03/05-80111-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Howard Womeldorph**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #